## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Every Voice Action	C C00566208
	o
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Mission Control, Inc.	Date of Public Distribution/Dissemination
<u> </u>	10 06 2014
Mailing Address 114 Mansfield Hollow Rd	Amount
# A City State Zip Code	22122.74
Mansfield Center CT 06250-1316	Transaction ID : VN7BA9WAGY2 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail  Category/ Type 004	10 06 / 2014
Name of Federal Candidate Support Office	e Sought: X House District: 07
Doug Ose Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	orsement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City.	
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General
	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	22122.74
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures	22122.74
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
· Duto	0 07 2014
Signature	